



Transcript Request

(FREE—no charge)

Steps:

1. Complete the interactive form below.
2. Print the form.
3. **SIGN and DATE the form.**
4. Mail, FAX or scan this form to: (All transcripts are processed through our Grand Island office. Sending your request to a different campus will delay processing.)

Central Community College
 Registrar-Transcript Request
 P.O. Box 4903
 Grand Island, NE 68802-4903

OR

FAX (308) 398-7590

SCAN to: transcripts@cccneb.edu
 (be sure to sign form before you scan)

Please check ALL appropriate box(s) below:

- | | |
|---|---|
| <input type="checkbox"/> Send now
<input type="checkbox"/> Send when grades are posted:
Please circle: Fall Spring Summer
<input type="checkbox"/> Send when degree information is listed | <input type="checkbox"/> Send official transcript to the college/business below.
CCC does not fax transcripts.
<input type="checkbox"/> I need an 'issued to student' copy sent to me.
<input type="checkbox"/> I need to personally deliver my official transcript to a school/business in a sealed envelope. |
|---|---|

7 digit Student ID #		and/or	Social Security Number	
Birth Date				
Did you attend CCC before 1985?		<input type="checkbox"/> No <input type="checkbox"/> Yes, please check campus attended		
Campus Attended		<input type="checkbox"/> Columbus <input type="checkbox"/> Grand Island <input type="checkbox"/> Hastings <input type="checkbox"/> Other		

Name: (Please print CLEARLY)

First	Middle	Last	Maiden
Mailing Address			
City		State	
Zip		Home/Cell Phone # <small>Please circle</small>	

Please mail my transcript to:

_____ College/Firm	_____ College/Firm
_____ Attention: (office, person)	_____ Attention: (office, person)
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip

Signature _____

Today's Date _____

Questions, please call 308-398-7412
For GED transcripts please call 308-398-7446